



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231

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OFFICIAL USE
by
Alabama Athletic Commission

Acknowledgement
of
Receipt

Commission's Official Use Only:

AAC# _____

APPLICATION FOR LICENSURE AS A WRESTLING PARTICIPANT

Proof of Citizenship, Social Security Number, and Notary are required.
The Application Fee is \$30. A Money Order is preferred.

I hereby make application for licensure in the State of Alabama as a **WRESTLING PARTICIPANT** under the jurisdiction of the Alabama Athletic Commission:

1. **Full Name** _____ **aka** _____
(Legal Name - Public Record) (Nickname / Stage Name)
2. **Physical Address** _____ **Telephone** (_____) _____
(The Above Address IS Public Record) Street City State, Zip (Circle One: Office/Home/Cell Phone)
3. **Mailing Address** _____ **E-mail** _____
(The Above Address IS NOT Public Record) Street/P.O. Box City State, Zip
4. **Date of Birth** ____ / ____ / ____ **Social Security No.** ____ / ____ / ____ **(required)**
mm dd yyyy
5. **Weight** _____ **Height** _____ **Age** _____
6. **How long have you been performing in wrestling exhibitions?** _____
7. **Have you ever any received training to participate in wrestling exhibitions?** [] Yes [] No
*If YES, where: _____
8. **DOCUMENTATION REQUIRED:**
Are you a United States citizen? Proof of Citizenship is required – a legible copy. [] Yes [] No
If NO, do you have documentation that you are here legally? Proof of Legal Presence is required- a legible copy. [] Yes [] No
6. **Have you ever been convicted of any State or Federal felony?** [] Yes [] No
*If YES, what type: _____
7. **Have you ever had a Wrestling related license or registration revoked, suspended, fined or otherwise sanctioned for a violation?** [] Yes [] No
*If YES, what type and where? _____
8. **Do you have any medical conditions?** [] Yes [] No
*If YES, what conditions: _____
9. **Do you take any prescription medications?** [] Yes [] No
*If YES, what medications: _____
10. **Are you or have you ever been a user of or addicted to any habit forming or unlawful substance?** [] Yes [] No
*If YES, ATTACH proof of participation in a recognized drug rehabilitation program. The Commission Representative or on-site physician may require additional drug testing at his or her sole discretion.
11. **List the name(s) of people that you are professionally affiliated – to vouch for your wrestling abilities.**
Promoter(s): _____
Manager: _____ **Trainer:** _____
Other: _____
Gym/Team Name: _____
City, State



**APPLICATION FOR LICENSURE
AS A WRESTLING PARTICIPANT**

You must sign application in the presence of a Notary Public, Commissioner, or Commission-Appointed Representative.

Full Name _____
Print Name

AFFIDAVIT

I hereby certify that I am the person named above and that I have **no infectious or contagious disease** which may pose a threat to the general public and that I am of good moral character and temperate habits.

I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have read the AAC Administrative Code and will comply with the Alabama State Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Alabama Athletic Commission or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying ng. I also hereby authorize the Alabama Athletic Commission to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Signature of Applicant

REQUIRED

State of _____, County of _____.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public's Official Signature (Or Commission-Appointed Representative)

Notary Public's Commission Expires: _____

(Notary Public Seal)

APPROVED BY ALABAMA ATHLETIC COMMISSION

DATE

CITIZENSHIP/LEGAL PRESENCE DOCUMENTS – US CITIZEN

You must submit a legible photocopy or a copy in a digital or other electronic format of one of the documents listed below with your application to prove legal presence

- Alabama Driver's License or Identification issued by Department of Public Safety
 - Driver's License from other state that required proof of lawful presence
 - Birth Certificate indicating US birth
 - Valid US Passport
 - Military Identification showing US as place of birth
 - Naturalization documents
 - Certificate of citizenship
 - Consular report of birth abroad of US citizen
 - Bureau of Indian Affairs identification
 - American Indian Card issued by Homeland Security
 - Final adoption decree showing person's name and place of US birth
 - A valid Uniformed Services Privileges and Identification Card
 - Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
 - Certification of birth issued by U S Department of State
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CITIZENSHIP/LEGAL PRESENCE DOCUMENTS - NON-US CITIZEN

You must submit a legible photocopy or a copy in a digital or other electronic format of one of the documents listed below with your application to prove legal presence

If there is a back side to any of the documents listed below, you must send both sides

- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine readable immigrant Visa (with temporary I-551 language)